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Adopted EMS Rules

Adopted February 12, 2017



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Mainly Clean Up

- **157.03** Processing Provider personnel License Certification
- **157.05** Rule Exemption Requests
- **157.14** FRO License
- **157.16** Emergency Suspension
- **157.33** Certification
- **157.38** Continuing Education
- **157.40** Paramedic Licensure
- **157.39 CCMP
NO CHANGES**



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Changes

- **157.32** EMS Education Programs
- **157.34** Recertification
- **157.37** Certification of Personnel
- **157.43** Course Coordinator Certification
- **157.44** EMS Instructor Certification

Major changes and additions

- **157.02** Definitions
- **157.11** Requirements for an EMS Provider License
- **157.36** Criterial for Denial and Disciplinary Action for EMS Personnel and Applicants and Voluntary Surrender of a Certification or License
- **157.12/13** Air rotor-wing and Fixed-wing



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I will not go over everything



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Everything will be alright in the end,
if its not alright,
its not the end.....

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157.02 Definitions

- AEMT
- **Authorized Vehicle**
- Current
- **Designated infection control officer**
- Distance learning
- **Fixed Location**
- Inactive EMS Provider Status
- **In-service**
- Off-line Medical Direction
- **Operational name**
- Out of Service
- **Response pending status**
- Scope of Practice
- **Sub-station**



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157.03 Processing EMS Provider Licenses and Applications for EMS Personnel Certification and Licensure.

The purpose of this section is to set out the time periods by which DSHS reviews applications for completeness and processes applications to make an eligibility determination of applicants for various EMS certifications, licenses and approvals. This section does not apply to applications for trauma facility designation.



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Time Frame when submitting application;

- (1) This period will be no more than 60 calendar days.
- (2) This period will be no more than 120 calendar days for an EMS provider license initial applicant, seeking a variance from eligibility requirements.
- (3) This period may be no more than 180 days for an applicant of whom the department is conducting a criminal background investigation.
- (4) If the department receives information from any other person or source that would cause the department to begin a criminal background investigation of an applicant, this period may be no more than 180 days from the date the department sends written notice that it's conducting a criminal background investigation.
- (5) This period may be longer than noted periods, if an application is deficient and becomes subject to a continuing review of the application.



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Incomplete Information

- Notice within the **30th day** of its receipt of a deficient application from DSHS
- Applicant has **30 days to cure** the deficiency
- Will get an **Second Attempt to Cure Incomplete Information**
- If the department does not timely receive from the initial applicant any information in response to the department's first or second written notice of initial application deficiencies and request for curing information, the initial application is **deemed to be withdrawn and/or void on the 30th day from the date the department sent its request,** and the initial application fee is forfeited.



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§157.5. Rule Exemption Requests.

Clean up language

**Change Bureau Chief to
Department**

RULE §157.11

Requirements for an EMS Provider License



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- The **legal name of the EMS provider cannot** include the name of the city, county or regional advisory council in total or in part, unless written approval is given by the individual city, county or regional advisory council respectively.
-
- A proposed provider name is deemed to be deceptively **similar to an established licensed EMS provider** if it meets the conditions listed in the Office of the Secretary of State rule, 1 Texas Administrative Code, §79.39.
 - Declaration of the **address for the main location** of the business, normal business hours and provide proof of ownership or lease of such location.
 - Provide the address for the main location of the business and normal business hours.
 - () Normal **business hours** must be posted for public viewing.
 - () Provide a service **area map**
 - () **Only one EMS Provider** license will be issued to each fixed address.
 - () The applicant shall attest that **no other licensed ground EMS** Provider is at the provided business location or address.
 - () The EMS provider must remain in the same physical location for the period of licensure, unless the department **approves a change in location**.



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The AOR has completed an initial education course approved by the department on state and federal laws and rules that affect EMS in the following areas:

- **(I) Health and Safety Code, Chapter 773 and 25 TAC, Chapter 157;**
- **(II) EMS dispatch processes;**
- **(III) EMS billing processes;**
- **(IV) Medical control accountability; and**
- **(V) Quality improvement processes for EMS operations.**



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Annual CE for AOR

- The **applicant will assure** that its administrator of record shall annually complete eight hours of continuing education related to the Texas and federal laws and rules related to EMS.
- An EMS provider that is directly operated by a governmental entity, **is exempt** from this subparagraph, except for declaration of administrator of record.
- An EMS provider that held a license on September 1, 2013, and has an administrator of record who has at least eight years of experience providing EMS, the administrator of record is exempt from clauses (ii) and (iv) of this subparagraph.



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- **Staffing Plan**, that describes how the EMS provider provides **continuous coverage** for the service area defined in documents submitted with the EMS provider application. The EMS provider shall have a staffing plan that addresses coverage of the service area or shall have a formal system to manage communication when not providing services after normal business
-
- Treatment and Transport Protocols and policies addressing the care to be provided to **adults, pediatric, and neonatal** patients must be approved and signed by the medical director.
 - A listing of equipment as required on the EMS Provider initial and renewal application, with identifiable **or legible serial numbers**, supplies and medications; approved and signed by the medical
 - The applicant shall attest that all required equipment is **permitted to be used** by the EMS provider and provide proof of ownership or hold a long-term lease for all equipment necessary for the safe.
 - The applicant shall attest that each authorized vehicle will have its **own set** of required equipment for each authorized vehicle at the level of the authorization



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- Description of how the provider will **conduct Quality Assurance** in coordination with the EMS provider medical director.
-
- The applicant shall provide an attestation or provide documentation that it and/or its management staff will or continues to **participated in the local** regional advisory council.
 - Plan for how the provider will **respond to disaster** incidents including mass casualty situations in coordination with local and regional plans.
 - Documentation evidencing applicant or **management team has not been excluded** from participation in the state Medicaid program.



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- EMS vehicles shall be in compliance with all applicable federal, state and local requirements unless vehicle is **designated out of service** with **form provided** by the department.
- When response-ready or in-service, authorized EMS vehicles may **operate at a lower level** than licensed by the department. When operating at BLS level with an ALS/**MICU** ambulance the EMS Provider must have an approved **security plan** of the ALS/**MICU medication as approved by the EMS provider medical director's protocol and/or policy.**



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A vehicle authorization shall be issued for the following levels of service

- **(i) Basic Life Support (BLS);**
- **(ii) BLS with Advanced Life Support (ALS) capability;**
- **(iii) BLS with Mobile Intensive Care Unit (MICU) capability;**
- **(iv) Advanced Life Support (ALS);**
- **(v) ALS with MICU capability;**
- **(vi) Mobile Intensive Care Unit (MICU);**
- **(vii) Air Medical: Rotor wing; or Fixed wing; and**
- **(viii) Specialized.**



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Vehicle Requirements

- All EMS vehicles must be adequately constructed, equipped, maintained and operated to render patient care, comfort and transportation of adult, pediatric, and neonatal patients safely and efficiently. A **pediatric and neonatal equipment list** should be based on endorsed pediatric equipment **national standards** within the approved equipment list required by the medical director.
- As **approved by the department**, EMS vehicles must meet a practical efficient minimum national ambulance vehicle body type, dimension and safety criteria standards.



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EMS vehicles shall be in compliance with all applicable federal, state and local requirements unless the vehicle is designated out of service with the form provided by the department.

- The EMS provider shall **notify the department** if the EMS provider substitutes, or replaces a vehicle.
- The EMS provider shall notify the department if the EMS provider adds a vehicle to the provider's operational fleet prior to making the vehicle response-ready. A vehicle authorization request shall be submitted with a nonrefundable vehicle fee **prior to the vehicle being placed into service.**



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STAFFING

- The applicant must provide proof at initial and renewal of license that all licensed or certified personnel have completed **a jurisprudence examination** approved by the department on state and federal laws and rules that affect EMS.
- **AEMT and EMT- Intermediate are the same** but must follow EMS Medical Directors protocols



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Treatment and transport

- The applicant shall submit written delegated standing orders for patient **treatment and transport protocols and policies** related to patient care which have been approved and signed by the provider's medical director.
- The protocols shall have an **effective date**.
- All patient care equipment, and medical devices must be **operational, appropriately secured** in the vehicle at the time of providing patient care and response ready, and supplies shall be clean and fully operational. All patient care powered equipment shall have manual mechanical, spare batteries or an **alternative power** source, if applicable



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All solutions and pharmaceuticals shall **be up to date and shall be stored** and maintained in accordance with the manufacturers and/or U.S. Federal Drug Administration (FDA) recommendations.

- The following equipment shall be present on each EMS in-service vehicle and on, or immediately available for, each **response-ready vehicle** as specified in the equipment list as required by the **medical director's approved equipment list** to include all state required equipment. The equipment list shall include equipment required for treatment and transport of **adult, pediatric, and neonatal patients**



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Equipment

- an external cardiac defibrillator appropriate to the staffing level with two (2) sets of adult and two (2) sets of pediatric **pads**;
- patient-transport device capable of being secured to the vehicle, and the patient must be fully **restrained per manufacturer recommendations**;
- Each vehicle will carry **25 triage tags** in coordination with the Regional Advisory Council.



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Equipment

- wave form capnography or state approved carbon dioxide detection equipment must be used after **January 1, 2018**, when performing or monitoring endotracheal intubation.
- MICU requirement;
- with active 12-lead capability cardiac monitor/defibrillator by **January 1, 2020**; and



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- medical respiratory protection must be available per crew member, National Institute for Occupational Safety and Health (NIOSH) approved **N95 or greater**
- when an air ambulance is initiated through any **other method than the local 911 system** the air service providing the air ambulance is required to notify the local 911 center or the appropriate local response system for the location of the response at time of launch. This **would not include interfacility** transports or schedule transports;
- a current emergency response guide book, or an electronic version that is available to the crew (for hazardous materials);



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- patient care reporting and documentation plan when **delivering patient to receiving center** and at completion of response.
-
- Maintenance of **Medical Reports plan**.
 - At time of initial licensing and at each renewal the EMS Provider must attest or provide documentation to the department a plan for the **goes out of business**, selling, transferring the business to ensure the maintains of the medical record as outlined in section (E) (i) through (vi).
 - contact information for the **designated infection control officer**
 - At initial and renewal of EMS Provider license provide written notice to DSHS, RAC and EMTF if the EMS Provider will make **available if possible staff and equipment** for State or national mission.



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Subscription/ membership Plan

- If an EMS provider is **not the primary emergency** provider in any area where they are going to sell a subscription plan, written notification must be provided to the participants receiving subscription plan stating that the EMS Provider is not the primary emergency provider in this area. A copy of this documentation should be provided to the primary emergency provider and the department **within 30 days before** the beginning of any enrollment period.



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Responsibilities

- assuring that all response-ready and in-service vehicles are **available 24 hours a day and 7 days a week**, maintained, operated, equipped and staffed in accordance with the requirements of the provider's license, to include staffing, equipment, supplies, required insurance and additional requirements per the current EMS provider's **medical director approved protocols and policies**;
- each EMS provider shall develop, implement, maintain, and evaluate an effective, ongoing, system-wide, data-driven, interdisciplinary **quality assessment and performance improvement program**. The program shall be individualized to the provider and shall, at a minimum, include:



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- ensuring that all personnel are **currently certified** or licensed by the department;
- assuring that all personnel, when on an in-service vehicle or when on the scene of an emergency, are prominently identified by, **at least, the last name and the first initial of the first name, the certification or license level and the provider name.** A provider may utilize an alternative identification system in incident specific situations that pose a potential for danger if the individuals are identified by name;



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- assuring that patient care **reports are provided** to facilities receiving the patients:
- if in a response-pending status, an abbreviated documented report shall be provided at the time the patient is delivered and a full written or computer generated report shall be delivered to the facility **within 24 hours** of the delivery of the patient.
- assuring that staff **completes a readiness inspection** as written by the providers policy;



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- preventive **maintenance plan** for vehicles and equipment.
- Maintenance of **medical reports**
- If a patient was **younger than 18** years of age when last treated by the provider, the medical reports of the patient shall be maintained by the EMS provider until the patient reaches **age 21 or for seven years from the date of last treatment**, whichever is longer.



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- **Destruction of medical records shall be done in a manner that ensures continued **confidentiality**.**
- **The emergency medical services provider must maintain all patient care records in the physical location that is the **provider's primary place of business**, unless the department approves an alternate location.**
- ****contact information** for the designated infection control officer for whom education based on U.S. Code, Title 42, Chapter 6A, Subchapter XXIV, Part G, §300ff- 136 has been documented.**



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- the **security of medications**, fluids and controlled substances in compliance with local, state and federal laws or rules.
- provide written notice to the department, RAC and Emergency Medical Task Force, if the EMS provider will **make staff and equipment available** during a declared emergency or mass casualty situation, for a state or national mission, when authorized;



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Important information

- If the application for renewal is received by the department **after** the expiration date of the current license, it is deemed to be **untimely filed** and that license expires on its expiration date. The EMS provider will be required to file a **new initial application** and follow the initial application process.



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Surveys/Inspections and Investigations.

- The **department may conduct scheduled or unannounced on-site inspection or investigation** of a provider's vehicles, office(s), headquarter(s) and/or station(s) (hereinafter operations), at any reasonable time, including while services are being provided, to ensure compliance with Health and Safety Code, Chapter 773 and the rules of this chapter
- An applicant or licensee, by applying for or holding a license, **consents to entry and inspection or investigation** of any of its operations by the department, as provided for by the Health and Safety Code, Chapter 773 and rules of this chapter.



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- The **provider and medical director shall cooperate** with any department investigation or inspection, and shall, consistent with applicable law, permit the department to examine the provider's grounds, buildings, books, records and other documents and information maintained by or on behalf of the provider, that are necessary to evaluate compliance with applicable statutes, rules, plans of correction and orders with which the EMS provider is required to comply. The EMS provider shall permit the department, consistent with applicable law, to **interview members** of the governing authority, personnel and patients.



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If deficiencies are cited

- the department will provide the EMS provider's **administrator of record and medical director** with a written deficiency report **no more than 30 calendar** days after the exit conference.
- If a **re-survey/inspection** to ensure correction of a deficiency is conducted, the provider shall pay a nonrefundable **fee of \$30 per vehicle** needing a re-inspection.
- Once an internal provider investigation and/or department investigation is complete, the department reviews the evidence from the investigation to evaluate whether the **evidence substantiates the complaint**.



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- (1) All licensed EMS Providers shall **make available** upon request from a patient or legal guardian with a **written statement supplied by the Department**, identifying the department as the responsible agency for conducting EMS provider and EMS personnel **complaint investigations**. The statement shall inform persons that they may direct a complaint to the Department of State Health Services, EMS Compliance Group, by phone, or by email. The statement shall provide the most current contact information, including the appropriate department group, address, local and toll-free telephone number, and email address for filing a complaint.



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Rule §157.12/13

Rotor-wing Fixed-Wing Air Ambulance Operations

- **Licensed rotary/Fixed wing aircraft must also meet the requirements of §157.11 of this title (relating to Requirements for an EMS Provider License) as long as the Airline Deregulation Act of 1978, 49 U.S.C. §41713 (b)(1) et seq. is not violated.**
- Current Federal Aviation Administration (FAA) operational certification and air worthiness, Part 135 carrier certificate and **Airworthiness** Certificate(s).



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Requirements

- Shall assure that all specialized medical equipment is secured throughout transport with adequately **engineered designed mounts as approved by FAA**
- shall have the head of the primary stretcher, with recommended manufacturer's or **FAA approved restraint system in place**
- **survival kit** which shall include, but not be limited to, the following items which are appropriate to the terrain and environments the provider operates over:



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157.12/13 Rotor-wing Fixed-Wing Air Ambulance Operations

Written medical policies and protocols annually for the transport and treatment of for **adult, pediatric and neonatal** patients .

Medical Director will attest to the following capabilities:

A) **Experience** consistent with the transport of patients by air,

B) **Knowledge** of aeromedical physiology, stresses of flight, aircraft safety, resources limitation of the aircraft,

C) on **Texas EMS Laws** and Regulations affecting local, regional, and state operations,

D) That the Provider has **provided safety education** for ground emergency services personnel.

- permanently installed **climate control** equipment for the patient



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§157.16. Emergency Suspension, Suspension, Probation, Revocation or Denial of a Provider License

- The department shall consider the EMS provider's **current policies and procedures** when staff violate rules or EMS standards.
- **Notification.** If the department proposes to deny, suspend, revoke, or probate a license, the EMS **provider license holder and the administrator of record shall be notified** at the address shown in the current records of the department

Rule §157.32

Education Program and Course Approval

- ECA minimum hours 60
- ***EMT 150***
- AEMT 250
- ***Paramedic 1000***
- Details on Self-study and what is expected in the self-study
- ***What is expected of student to complete a program.***
- Written acknowledgement from the **EMS Provider Medical Director** that **students will be conducting advance level skills** as a part of their field internship



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Rule §157.32



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- The department shall base the education and training standards on applicable **national standards** and guidelines for evaluation and approval of EMS education programs adopted by national accrediting organizations.
- has the **required equipment and resources** to conduct the program.
- The Education programs must have the authority or **ownership to provide the program.**

Rule 157.32



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- **provide a name and contact information for the designated infection control officer and document education for the **designated infection control officer** based on U.S. Code, Title 42, Chapter 6A, Subchapter XXIV, Part G, §300ff-136.**
- **Self-study requirements**
- **a description of any and all requirements for a student to **complete a course**.**

Rule §157.32



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- **On-site review.** After the completion of a provisionally-approved program's **first course, an on-site review** shall be conducted. The on-site review process is the department inspector's review of a proposed and/or existing program's records plan, self-study, equipment, facilities and clinical and field internship facilities, and student-to- patient contact ratios.
- obtain written **acknowledgement** from the field internship **EMS provider medical director**, if students will be conducting advanced-level skills as part of their field internship with that EMS provider;



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Requirements

- submit roster of all enrolled students when **requested** by the department;
- submit a final student roster when **requested** by the department;
- online and or distance learning classes, programs and courses must **meet the same standards** as outlined in this section.



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Disciplinary action;

- a paramedic program **receiving revocation** of their accreditation by CAAHEP/CoAEMSP or any other organization that provides nationally recognized EMS accreditation;
- for starting a course, program or class **before receiving official approval** from the department.



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§157.33. Certification

- The candidate has completed a state approved **jurisprudence examination** to determine the knowledge on state EMS laws, rules, and policies.
- All applicants shall **submit fingerprints** through the state approved fingerprinting service to undergo an FBI fingerprint criminal history check.



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Responsibilities of EMS Personnel 157.33

- Shall make accurate, complete and/or clearly **written patient care** reports documenting a patient's condition upon arrival at the scene and patient's status during transport, including signs, symptoms, and responses during duration of transport as per EMS provider's approved policy
- Shall report to the employer, appropriate legal authority or the department, of **abuse or injury** to a patient or the public within 24 hours or the next business day after the event.
- Shall **follow the approved** medical director's protocol and policies;
- Take precautions to **prevent misappropriating** medications, supplies, equipment, personal items, or money belonging to the patient, employer or any person or entity;
- **Maintain skill** and knowledge to perform the duties or meet the responsibilities required of current level of EMS certification;
- Notify the department of a **current and/or valid mailing address** within 30 days of any changes;



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§157.34. Recertification

- The applicant has completed a state approved **jurisprudence examination** to determine the knowledge on state EMS laws, rules, and policies.
- **Change** EMT-I to AEMT



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Rule §157.34

Recertification

- **Inactive to active certification**

Option 1--meet the normal 4 year continuing education requirement for certification renewal as listed in subsection (b)(2) of this section, submit **verification of skills** proficiency from an approved education program or **recognized physician by the department**, and pass the National Registry EMT assessment exam.

Option 2--complete a department approved recertification course, and pass the National Registry EMT **practical** and assessment exam.

Rule §157.36



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Criteria for Denial and Disciplinary Actions for EMS Personnel and Applicants and Voluntary Surrender of a Certificate or License



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Disciplinary action:

- **failing** to report to the employer, appropriate legal authority or the department, the event of **abuse or injury** to a patient or the public within 24 hours or the next business day after the event;
- turning over the care of a patient or **delegating EMS functions** to a person who lacks the education, training, experience, or knowledge to provide appropriate level of care for the patient;



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Disciplinary action:

- failing to take precautions to prevent **misappropriating medications**, supplies, equipment, personal items, or money belonging to the patient, employer or any person or entity;
- **cheating and/or assisting another** to cheat on any examination, written or psychomotor, by any provider licensed by the department or any institution or entity conducting EMS education and/or training or providing an EMS examination leading to obtaining certification or renewing certification or license;



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Disciplinary action:

- **failure** by the employee, of an employer drug **screening test** right before, after or during an assigned EMS work or volunteer shift;
- **resigning employment or refusing** by the employee, of an **employer drug screening test** right before, after or during an assigned EMS work or volunteer shift;
- **delegating medical functions** to other EMS personnel without approval from the medical director per approved protocols;



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Disciplinary action:

- failing to transport a patient and/or transport a patient to the **appropriate medical facility** according to the criteria for selection of a patient's destination established by the medical director;
- failing to **document no-transport and refusals** of care and/or follow the criteria under which a patient might not be transported, as established by the medical director;
- failing to protect and/or **advocate for patients**/clients and/or the public from unnecessary risk of harm from another EMS certified or licensed personnel;



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Disciplinary Action

- **falsifying employment** or volunteer medical profession applications and/or failing to answer specific questions that would have affected the decision to employ or otherwise utilize while certified or licensed as an EMS personnel;
- **behaving in a disruptive manner toward other** EMS personnel, law enforcement, firefighters, hospital personnel, other medical personnel, patients, family members or others, that interferes with patient care or could be reasonably expected to adversely impact the quality of care rendered to a patient;



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Disciplinary Action

- **falsifying or altering** clinical and/or internship documents for EMS students;
- falsifying or failing to **complete daily readiness** checks on EMS vehicles, medical supplies and/or equipment as required by EMS employers;
- engaging in **acts of dishonesty** which relate to the EMS profession and/or as determined by the department;



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Disciplinary action

- behavior that exploits the EMS personnel-patient **relationship in a sexual way**. This behavior is non-diagnostic and/or non-therapeutic, may be verbal or physical, and may include expressions or gestures that have sexual connotation or that a reasonable person would construe as such;
- **falsifying information** provided to the department; and
- engaging in a pattern of behavior that demonstrates routine response to medical emergencies without being under the policies and procedures of an EMS provider and/or first responder organization, and/or providing **patient care without medical direction** when required.



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Criteria for Denial of EMS Certification

receiving disciplinary action relating to a certificate or license issued to the applicant in Texas, in another state, or in a U.S. territory, or in another nation, or by the National Registry of Emergency Medical Technicians' (NREMT), or any other organization that provides national recognized for EMS certification



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§157.38. Continuing Education

- approved educational activities; learning activities that are related to EMS **approved protocols and skills**
- the provider shall be responsible for verifying that continuing education program(s) has **physician medical oversight** when the education is involving patient care.
- Certified or licensed EMS personnel, upon audit, shall be able to present an official transcript or **official evidence** indicating successful completion of the course with a passing grade.



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Corrective action

- **Falsification of CE documentation** or official evidence of completion of CE shall be cause for reprimand, probation, suspension, or revocation of a certificate or license as described in §157.36 of this title (relating to Criteria for Denial and Disciplinary Actions for EMS Personnel and Voluntary Surrender of a Certificate or License).



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Rule §157.43. Course Coordinator Certification

Advanced coordinator requirements

- have documented not less than **240 hours** of instruction for initial EMS program
- **Course coordinator training obtain written** acknowledgement from the field internship EMS provider **medical director**, if students will be conducting advanced-level skills as part of their field internship with that EMS provider.
- provide students with written information on the Texas **process to gain certification or licensure**;



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- **educate students** on current Texas EMS laws, policies and rules.
- Provide written notification to the **department within 24 hours** or the next normal business day when **leaving as the course coordinator** for an ongoing EMS program.
- Provide to the **program within 24 hours** or the next normal business day all course material for an **ongoing EMS program**.
- submit documentation of **observing or providing at least 8 hours** of emergency medical care by a licensed EMS provider, first responder organization or field clinical site.



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Course Coordinator Conduct

- (X) unprofessional conduct such as, but not limited to the following:
 - (i) retaliation;
 - (ii) discrimination; **shall not discriminate on the basis of race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or military status, in any of its activities or operations.**
 - (iii) verbal or physical abuse; or
 - (iv) inappropriate physical or sexual contact.



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RULE §157.44

Emergency Medical Service Instructor Certification

To be eligible for recertification

- submit documentation of observing or providing at **least 8 hours** of emergency medical care by a licensed EMS provider, first responder organization or field clinical site.

We are in this TOGETHER!



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4/5/2017

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Additional questions please contact:

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Thank you
